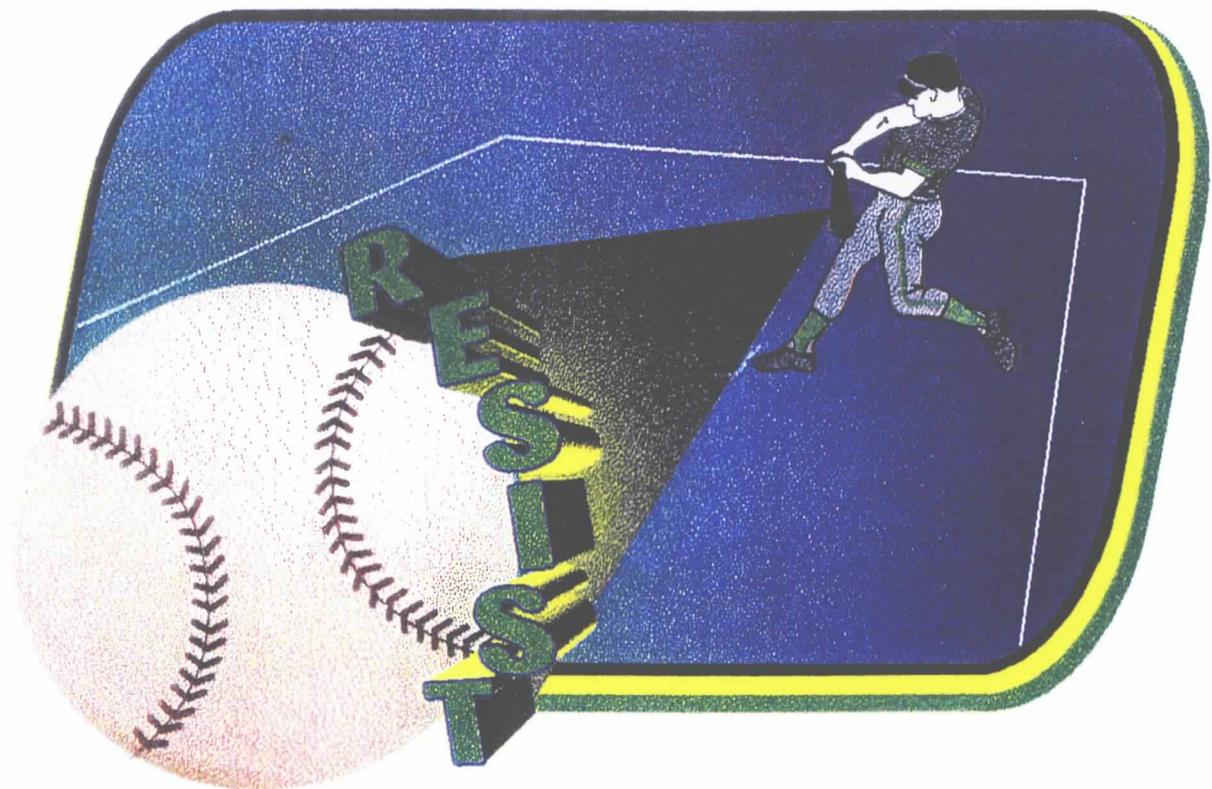


RESIST

Research Education Solutions In
Spit Tobacco



OVERVIEW

Spit Tobacco Use Cessation: A Program for High
School Baseball Athletes Tested in 44 High Schools in
Rural California

August 1997

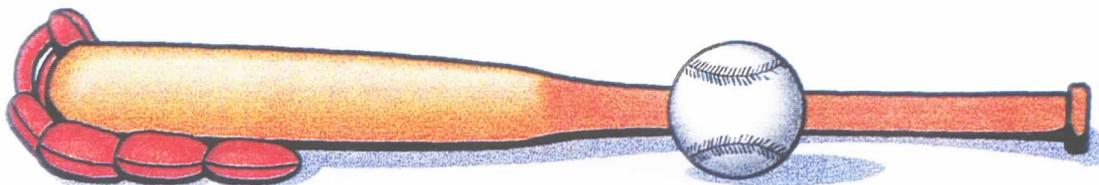
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RESIST

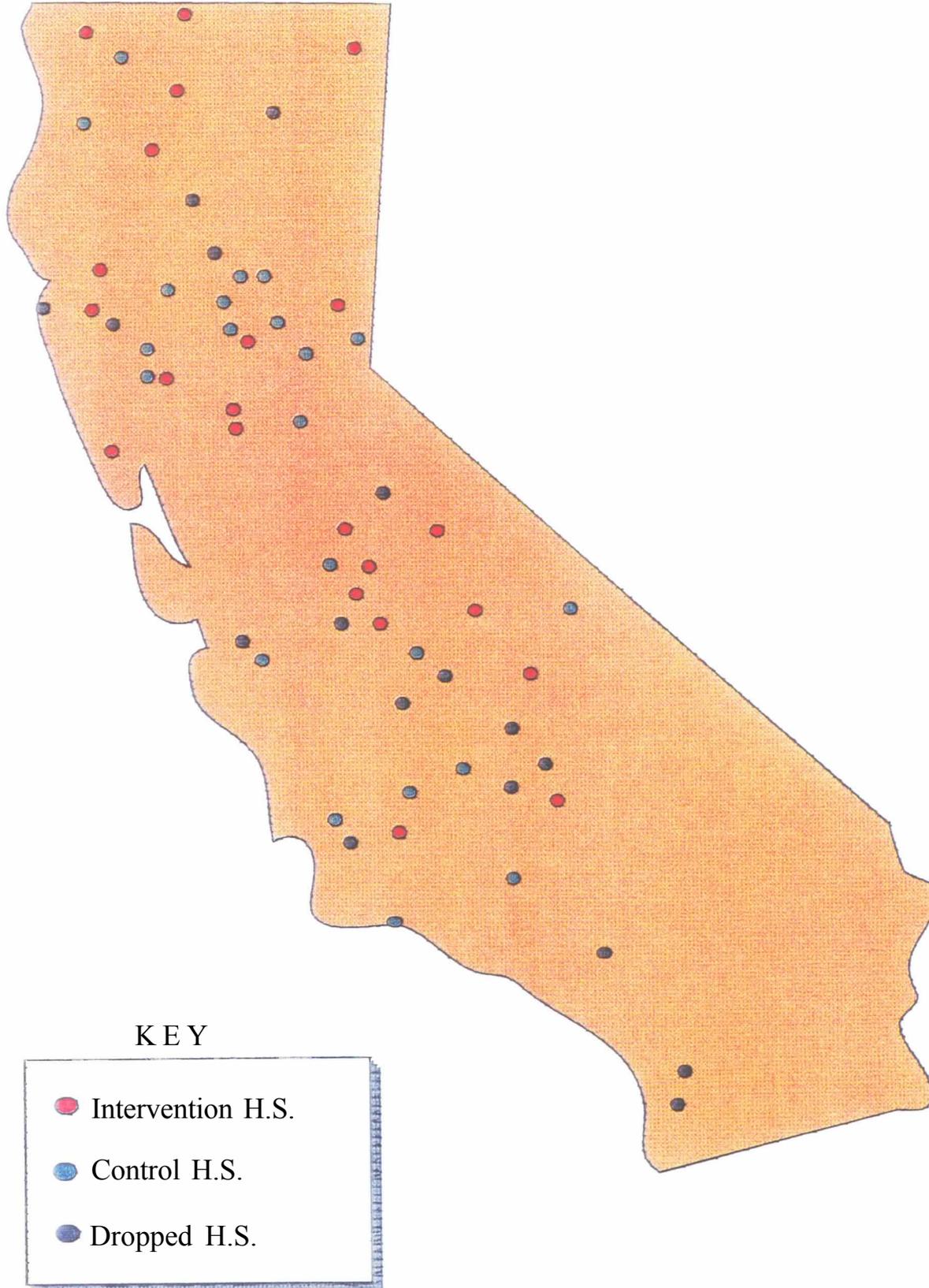
Research Education Solutions in spit Tobacco
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THE SMOKELESS TOBACCO STUDY

Use of smokeless tobacco (ST) is increasing in prevalence among young American males and is especially prevalent among those residing in rural areas and those who play baseball. Users typically take up the habit as adolescents, and long-term use puts them at risk of oral cancer. Those who give up the ST habit may exchange it for smoking cigarettes, putting them at risk of lung and other cancers. The goal of the proposed research is to increase ST cessation and abstinence among baseball athletes attending rural high school in California. It will implement and evaluate an innovative team-based intervention that will use dental health care providers and peer team members in its delivery. The intervention is based on Cognitive Social Learning Theory and Diffusion of Innovation Theory and applies a public health perspective by approaching ST users in their environment and attempting to change social norms to effect behavioral change. Forty-four rural high schools in California with baseball teams will be randomized to receive the intervention or serve as controls. Briefly, the intervention will consist of a 1-hour interactive group session for each team to discuss harmful effects of ST and face-saving ways to refuse it, a strong peer opinion leader component to endorse behavioral change and an educational session for parents and coaches to gain their support. In addition, ST users will be offered an oral exam and cessation advice from a dentist, a self-help guide for quitting, behavioral counseling by a dental hygienist, and booster sessions to prevent relapse or deal with slips. The specific aims are (1) to tailor ST intervention components to rural high school baseball athletes by conducting structured interviews and focus groups among rural athletes and their parents and coaches and by pilot testing the intervention in a rural high school; (2) to assess the prevalence, patterns and correlates of ST use among rural high school baseball athletes via a questionnaire administered to athletes in both intervention and control schools; (3) to determine the efficacy of the intervention by comparing quit rates, changes in motivation to quit, and changes in ST use behavior at the end of the intervention and 1 and 2 years after the intervention, and (4) to identify the characteristics of rural high school baseball athletes that are associated with quitting use of ST. We expect that the intervention tested in this study will be effective in reducing the prevalence of use of ST among high school athletes and will be applicable to other groups of athletes involved in team sports at the high school and junior high school levels.



Geographic Locations of High Schools for Project RESIST



A. ORIGIN AND PURPOSE OF THE STUDY

Project RESIST was established in May 1995 with funding From the National Cancer Institute. This study was designed to conduct research on ST use prevention and cessation among high school baseball athletes living in rural areas of California. Our specific aims are:

1. To assess the prevalence, patterns and correlates of ST use among rural high school baseball athletes in California.
2. To determine the efficacy of an athletic team-based, dentist/dental hygienist-directed, peer-assisted ST intervention with relapse prevention in a sample of rural high school baseball athletes.



B. OVERVIEW OF THIS STUDY

The proposed study is a randomized controlled trial to determine the efficacy of a team-based, dentist/dental hygienist-directed, peer-assisted ST intervention for rural high school baseball athletes. This is a 40-month study consisting of a 1-year planning and training, 1 year of intervention, and 2 years of follow-up and data analysis. Thirty-six rural high schools in California will serve as study sites; 18 will be randomly assigned to participate in the intervention and the remaining 18 schools will serve as the control sites.

The intervention applies a public health perspective by approaching ST users and “at risk” nonusers in their own environment and attempting to change social norms to support nonuse of tobacco.

The primary components of the intervention are:

- (1) an oral examination and advice to quit from a dentist (DDS) or dental hygienist (DH);
- (2) individualized counseling from a DH on how to quit;
- (3) a series of group booster sessions;
- (4) a copy of a self-help guide to quitting ST use;
- (5) a peer support program;
- (6) a videotape and an interactive group session for the entire team co-facilitated by a DH and peers; and
- (7) an informational session for parents and coaches.

